

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023687

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

77
FILED JUN 24 1963

3016

245

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		Length of stay in 1b 1 week	c. CITY OR TOWN Herman
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas E. Still Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Mo. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Amelia Amanda Barnes		4. DATE OF DEATH Month Day Year June 16 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/28/1887
9. AGE (last birthday) 75		10. IF UNDER 1 YEAR Months Days 10 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home-maker	
11. BIRTHPLACE (City and state or country) Hope Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Albert H. Wulff		13b. MOTHER'S MAIDEN NAME Minna Herman	
14. NAME OF HUSBAND OR WIFE Riley D Barnes		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Riley D Barnes Herman Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation DUE TO (b) coronary thrombosis DUE TO (c) arteriosclerotic cardiovascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 5 min 10 dy	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Hope		COUNTY STATE Mo	
21. I attended the deceased from 6/8/63 to 6/16/63 and last saw her alive on 6/16/63 Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Le. J. [redacted]		22b. ADDRESS	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 6/19/1963		23c. NAME OF CEMETERY OR CREMATORY Hope Salem Presbyterian	
23d. LOCATION (City, town, or county) Hope		(State) Mo	
24. FUNERAL DIRECTOR Clyde Morton		25. DATE RECD. BY LOCAL REG. 17 June 1963	
26. REGISTRAR'S SIGNATURE N. Richter as Reg.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 0249
2 0371-
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4 1
5 1
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9 420.1
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Vernon M. Minton

Licensed Embalmer No.

4125

P. O. Address

Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

PQ50
-1P80

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